



Kansas Access to Comprehensive Health

(KATCH)



Agenda

- Introductions
- Background about KHPA.
- Evolution of eligibility determination from my perspective.
- High level overview of health care reform.
- Explain our grant from HRSA.
- Invite input and feedback.



Introductions

- Darin Bodenhamer, Director of Eligibility for Kansas Medicaid/CHIP
 - 16 ½ years state service
 - 5 years local SRS office
 - 5 years Health Care Policy—implementation HealthWave clearinghouse, contract management, eligibility policy.
 - 3 years SRS ITS—supervising testers, implementation/technical manager on IT projects.
 - 3 years KHPA as Director of Eligibility
 - BA English Education
 - Master of Management Information Systems
 - Certified in Kansas PMM
 - Training in Enterprise Architecture



KHPA History

- Precursor, D of A Division of Health Policy and Finance, created in July 2005.
- Health Policy Authority Board created at that time.
- Official start of KHPA July 2006.
- Combined Medicaid, State Employee Health Plan, and State Self Insurance Fund (worker's comp)
- Purpose was originally to coordinate a comprehensive health care agenda for the state, research and report on health care topics, combine operations and purchasing.

Evolution of Eligibility

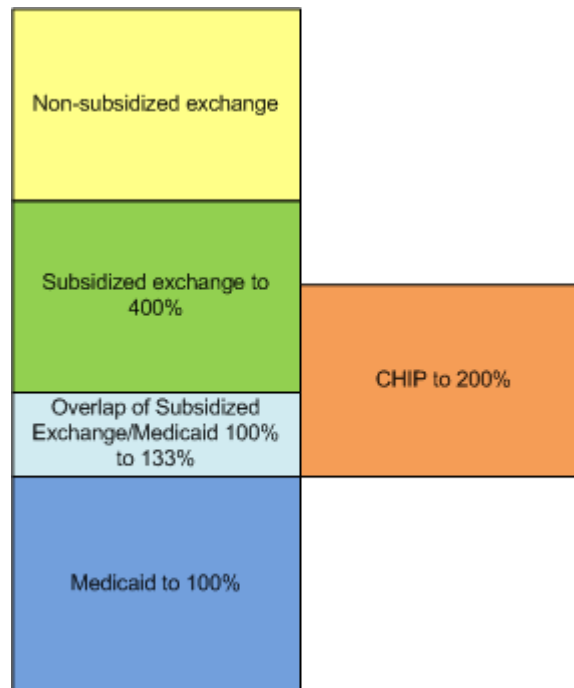
- December 1993
 - Determined eligibility for AFDC, Food Stamps, and Medicaid. Eventually did some child care and nursing home eligibility.
 - KAECSSES was about six years old.
- August 1996, PRWORA passed
 - Welfare reform.
 - Changed public assistance—work first.
 - “De-linked” medical coverage from cash assistance.



Evolution of Eligibility

- BBA 1997
 - Created CHIP
- DRA 2005 (2006)
 - Additional E & D Medicaid Requirements
 - Citizenship and Identity Verification (CitDoc)
- CHIPRA 2009
 - Reauthorized CHIP
 - Provided some additional flexibility
 - Renewed emphasis on enrolling eligible, uninsured children
 - Extended CitDoc to CHIP
- Health Care Reform 2010

Health Care Reform



Changing Needs

Current Model

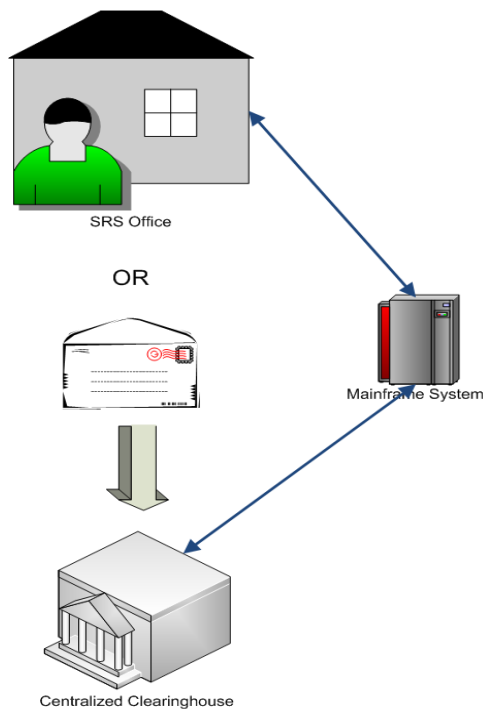


Figure 1

New Model

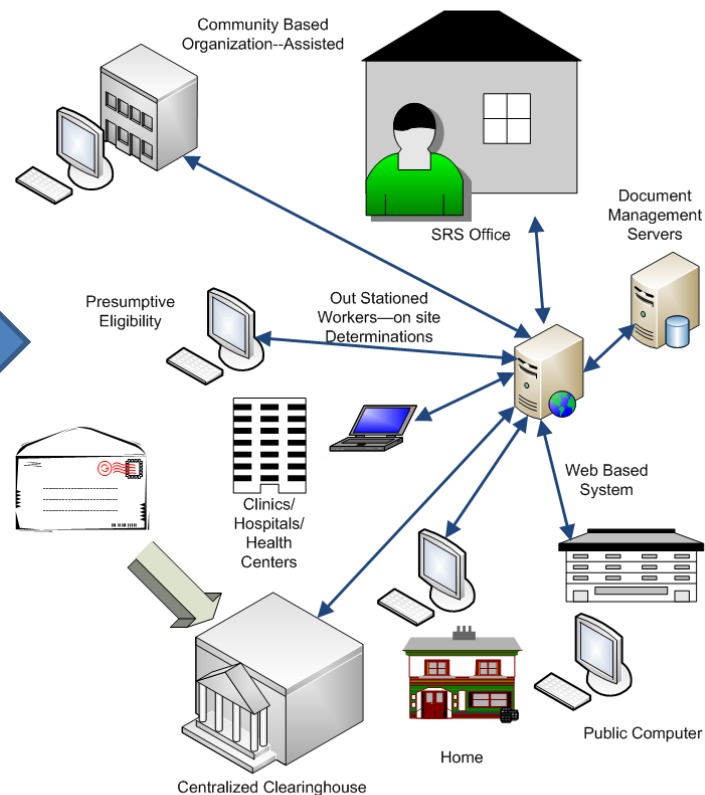


Figure 2



Background

- State Health Access Program (SHAP) Grant from Health Resources and Services Administration (HRSA)
 - Final grant in a series of SHAP grants.
 - Kansas previously had 2 SHAP grants through the Insurance Department.
 - Grant is to provide support for starting up programs that extend coverage to a new segment (not just eligible but unenrolled) of the uninsured population.



Background

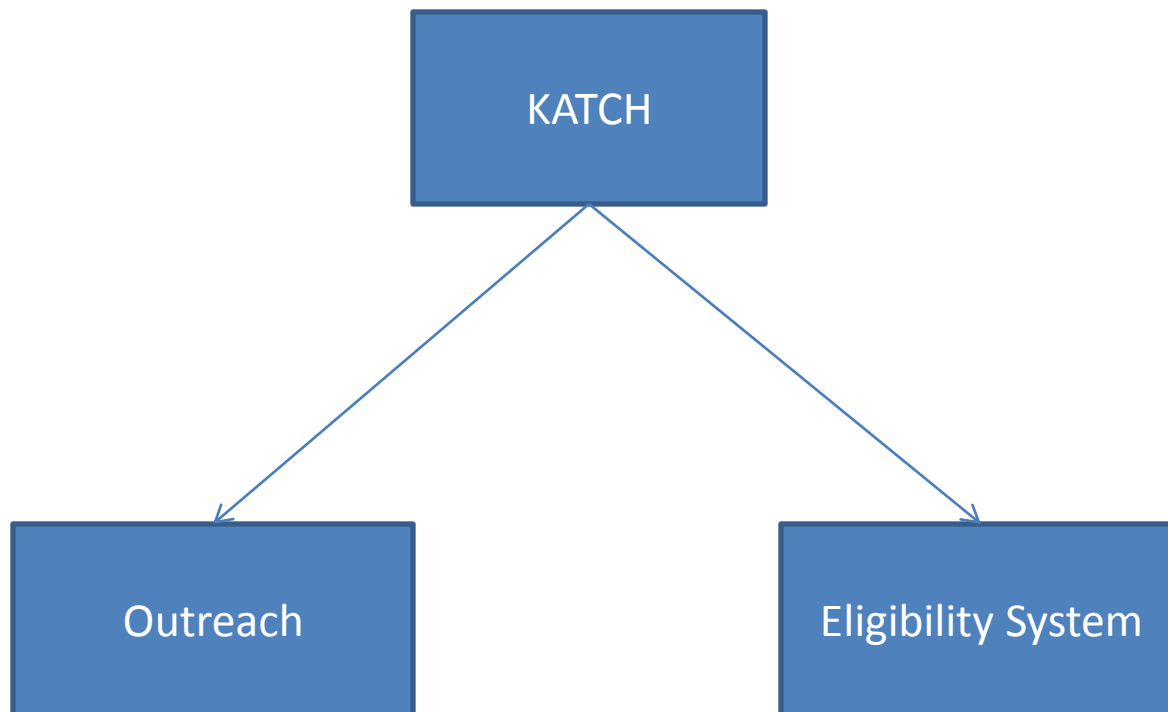
- Funds can be used for administrative support and startup costs.
- One example of how funds can be used is for enrollment systems to get people into the expansion plan.
- Can also be spent on outreach.
- Could request up to \$10 million per year for 5 years.
- Competitive grant potentially against all 50 states. Total yearly allocation is around \$75 million.



Application and Award

- KHPA's application
 - requested \$40.8 million over 5 years
 - \$1.8 million first year (awarded)
 - approximately \$9.5 million for subsequent years.
- 13 states were awarded grants totaling \$70 million for year 1.
- All states must reapply for grants each year to show progress, but they are “non-competitive”—states that were not awarded cannot apply again.

KATCH





Outreach

- Four tiers:
 - 12 eligibility workers outstationed primarily in safety net clinics around the state. Will provide staff and equipment.
 - Increase presumptive eligibility sites (PE). Will provide equipment and training.
 - Leverage community partners with application assistance. Will provide equipment and training.
 - Place “kiosks” in locations around states to appl



Eligibility System

- Create online application for medical coverage and PE screening tool.
- Create full eligibility system for medical programs (Medicaid, SCHIP, Health care reform)
- Provide platform from which other agencies can build to administer means tested programs, e.g., SRS can add cash, SNAP, etc. to platform after medical is implemented.
- Provide platform that can be used in conjunction with future MMIS, scheduled to be re-procured in 2015.



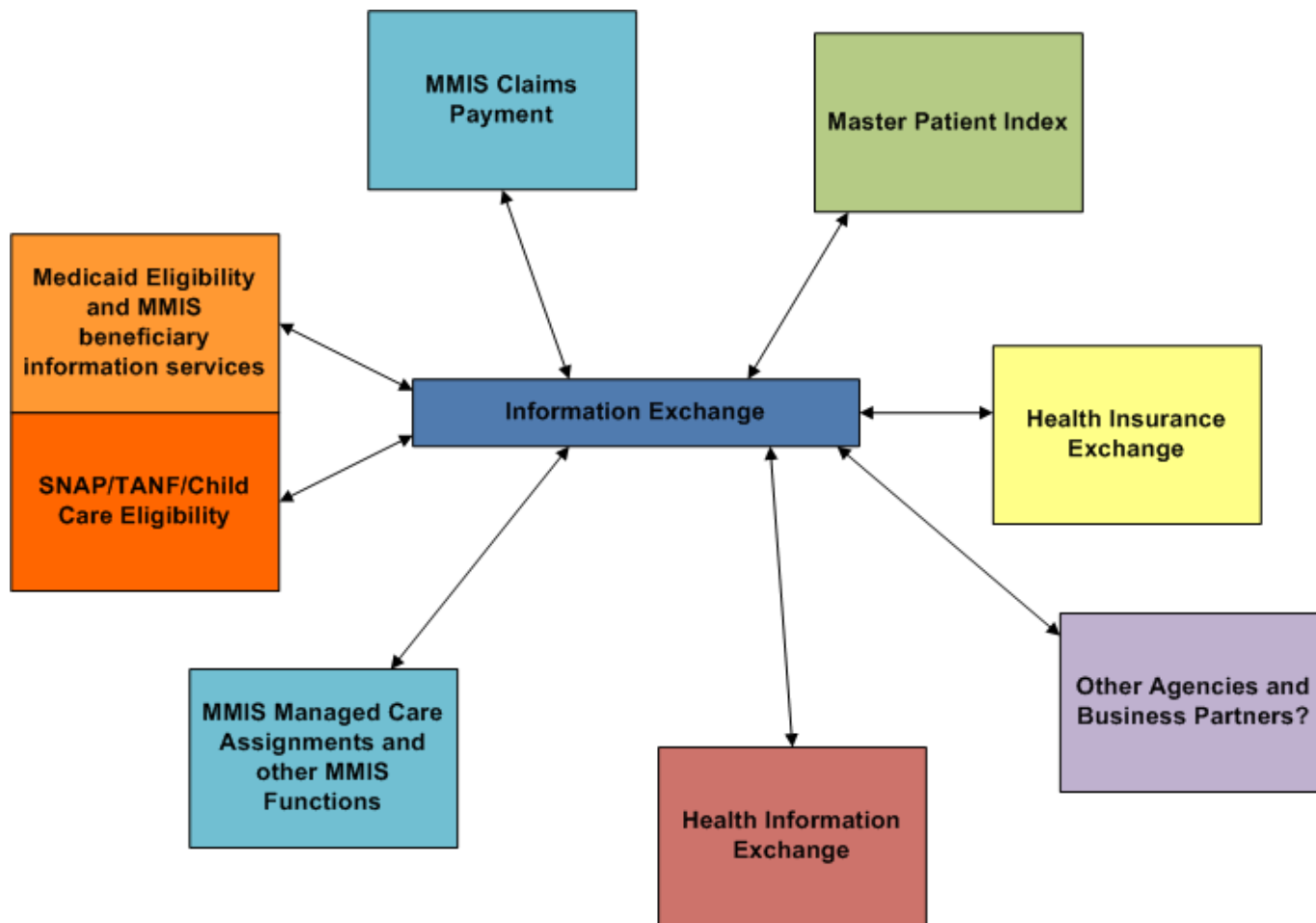
Primary Objectives for KHPA

- Reach the hard-to-reach, un-enrolled populations for all medical programs. “Low-touch” vs. “High-touch”
- Procure and implement new technologies that:
 - are customer centric
 - will streamline enrollment into publically funded health insurance products
 - make the system more user friendly, and less error-prone
 - are flexible and can be potentially be extended to other agencies
 - are easily scalable to accommodate growing client base
 - will provide a platform with which to implement health care reform
 - support the outreach objectives of the KATCH grant
 - interface with other systems to allow for data sharing
 - are user friendly and allow for quicker training of workers with less reliance on workforce knowledge
 - facilitate the implementation of new products, services, and policies quickly
 - support multiple business models and processes
- Ultimately, to reduce un-insurance in Kansas.

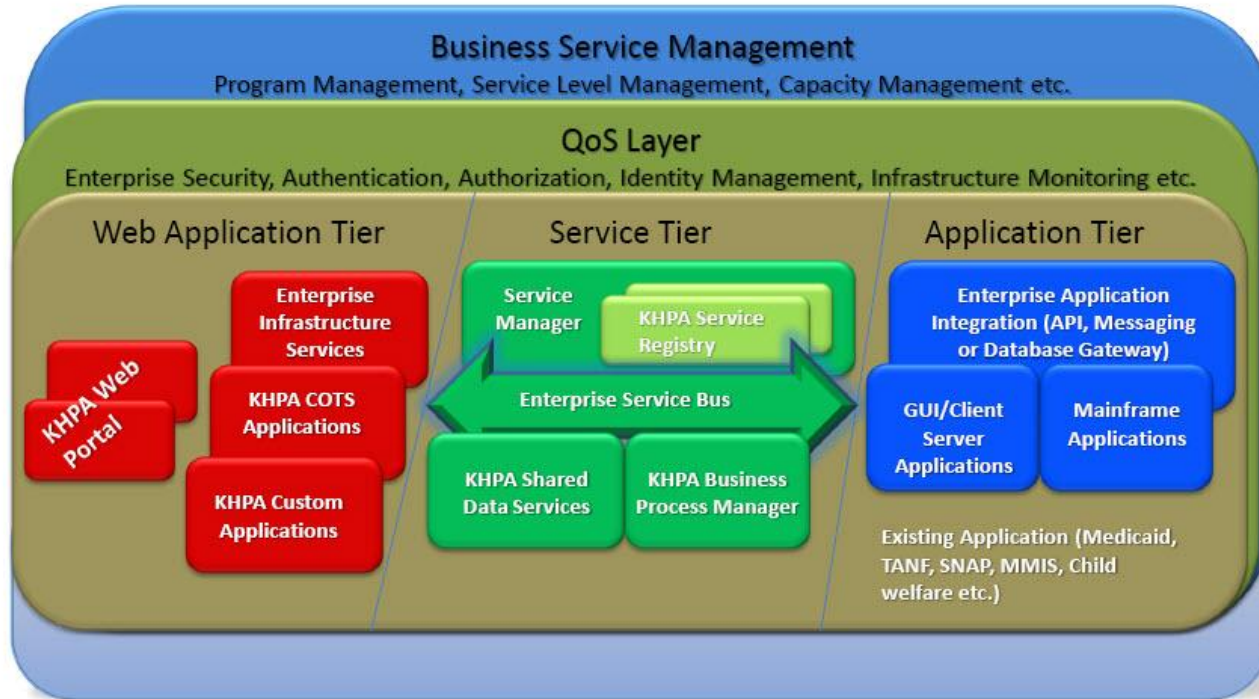
Smooth Sailing



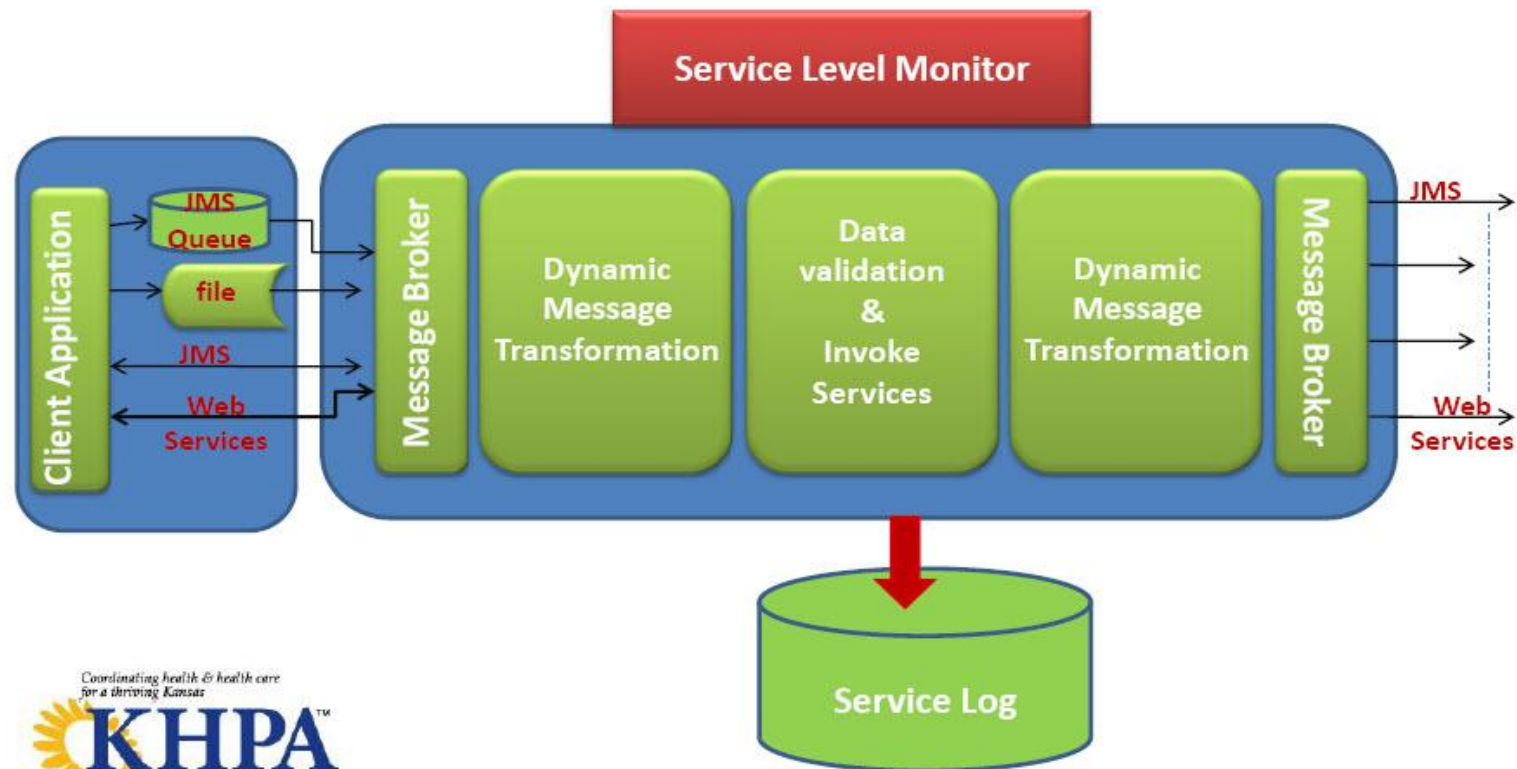
Future Possibilities



Conceptual Architecture



Enterprise Service Bus





Feedback

- Survey monkey link:

<http://www.khpa.ks.gov/katch/default.htm>



Questions?